

Filed to
 9th Cir.
 Aug. 3, 07
[Signature]

1. CIR./DIST./DIV. CODE AKX		2. PERSON REPRESENTED CLARK-AIGNER, GABRIEL		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 3:02-0007-1-JWS		5. APPEALS DKT./DEF. NUMBER	
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) U.S. v. CLARK-AIGNER		8. PAYMENT CATEGORY Felony	
9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Habeas Appeal			

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.
 1) 18 924H.F – TRANSFER OF FIREARM-USE IN VIOLENT CRIME

12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS BROWN, VALERIE PO BOX 91659 ANCHORAGE AK 99501 Telephone Number: (907) 272-4544		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified that he or she (1) is financially unable to pay for counsel, and (2) does not wish to waive counsel, and because the interests of justice so require, the court appoints the attorney whose name appears in Item 12 to represent the person in this case. <input type="checkbox"/> Other (See Instructions) _____ Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 08/03/2007 Repayment or partial repayment ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO	
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RECEIVED
 AUG 03 2007
 CLERK, U.S. DISTRICT COURT
 ANCHORAGE, A.K.

14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)

Signature of Presiding Judicial Officer or By Order of the Court
 Date of Order: 08/03/2007
 Repayment or partial repayment ordered from the person represented for this service at time of appointment: ☐ YES ☐ NO

CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
In Court	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
	(Rate per hour = \$) TOTALS:					
Out of Court	16. a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and Other work (Specify on additional sheets)					
	(Rate per hour = \$) TOTALS:					
	17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
	18. Other Expenses (other than expert, transcripts, etc.)					

19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION	21. CASE DISPOSITION
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22. CLAIM STATUS ☐ Final Payment ☐ Interim Payment Number _____ ☐ Supplemental Payment
 Have you previously applied to the court for compensation and/or reimbursement for this case? ☐ YES ☐ NO If yes, were you paid? ☐ YES ☐ NO
 Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? ☐ YES ☐ NO If yes, give details on additional sheets.
 I swear or affirm the truth or correctness of the above statements.
 Signature of Attorney: _____ Date: _____

23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR / CERT
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE / MAG. JUDGE CODE
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE